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PTO/SB/01 (12-97)

Approved for use through 08/30/00. GMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor Kosciuk, Stan	
COMPLETE IF KNOWN	
Application Number	TBD
Filing Date	
Group Art Unit	TBD
Examiner Name	TBD

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PERSONAL COMPUTER AUDIO INTERFACE DEVICE AND METHOD OF USING THE SAME

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

 TBDand was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 386(c) of any PCT international application designating the United States of America, listed below and, as far as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.33 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/029 attached hereto.							
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: center;"> <input type="checkbox"/> Customer Number _____ </td> <td style="width: 15%; text-align: center;"> <input type="checkbox"/> OR </td> <td style="width: 70%; text-align: center;"> <input type="checkbox"/> Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Label here </td> </tr> </table>			<input type="checkbox"/> Customer Number _____	<input type="checkbox"/> OR	<input type="checkbox"/> Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Label here		
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Name	Registration Number	Name					
Brian K. Dinicola	36,122						
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: center;"> <input type="checkbox"/> Customer Number or Bar Code Label _____ </td> <td style="width: 15%; text-align: center;"> <input type="checkbox"/> OR </td> <td style="width: 70%; text-align: center;"> <input checked="" type="checkbox"/> Correspondence address below </td> </tr> </table>			<input type="checkbox"/> Customer Number or Bar Code Label _____	<input type="checkbox"/> OR	<input checked="" type="checkbox"/> Correspondence address below		
<input type="checkbox"/> Customer Number or Bar Code Label _____	<input type="checkbox"/> OR	<input checked="" type="checkbox"/> Correspondence address below					
Name	Brian K. Dinicola						
Address	34 Avenue E						
Address							
City	Monroe Twp	State	NJ	ZIP	08831		
Country	U.S.	Telephone	732.251.6006	Fax	732.251.7729		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
Name		Kosciuk					
Inventor's Signature					Date	4/2/01	
Residence: City	Mountainside	State	NJ	Country	U.S.	Citizenship	U.S.
Post Office Address	1170 Wychwood Rd						
Post Office Address	Mountainside, NJ 07092						
City		State		ZIP		Country	United States
<input type="checkbox"/> Additional inventors are being named on the _____		supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					